

# Evaluation Review

## Purpose

Student's Last Name	First Name	Initial	Student ID #	Birthdate	Date Completed
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The purpose of this review is to plan for:

- ☐ an initial evaluation      ☐ a reevaluation      ☐ termination of eligibility

## Participants

The following individuals participated in this Evaluation Review. Additional participants should be noted and attached to this form.

Student (when appropriate)

District Representative/Designee

Parent

General Education Teacher

Parent

Special Education Teacher/Provider

An individual who can interpret the instructional implications of evaluation results

Other

(MET Representative/Potential MET Member)

Other

## Evaluation Review

- ☐ Review existing evaluation data, including current classroom-based assessments and observations<sup>1</sup>. Describe:

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- ☐ Review teacher and related service(s) providers' observations<sup>1</sup>. Describe:

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- ☐ Review evaluations and information provided by the parent<sup>1</sup>. Describe:

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**On the basis of the above review**, and input from the student's parent(s), identify the additional data needed to determine:

- 1) Whether the student has a disability<sup>2</sup> or, in case of reevaluation, whether the student continues to have such a disability<sup>3</sup>. Describe additional data or evaluation needed<sup>4</sup>.

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Student's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Date \_\_\_\_\_

If the IEPT determines that no additional data is needed to determine whether the student continues to have a disability, a reason must be given:

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- 2) The present level(s) of performance and educational needs of the student. Describe additional data or evaluation needed<sup>4</sup>:

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- 3) If the student needs special education and/or related services or, in the case of reevaluation, if the student continues to need special education and related services. Describe additional data or evaluation needed<sup>4</sup>:

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- 4) Whether any additions or modifications to the special education and related services are needed to enable the student to meet the measurable annual goals set out in the IEP of the student and to participate, as appropriate, in the general curriculum. Describe additional data or evaluation needed<sup>4</sup>:

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<sup>1</sup>The IDEA 1997 requires review of the above information. The written description is optional.

<sup>2</sup>Follow current MET procedures for all initial evaluations for special education eligibility.

<sup>3</sup>Rule 340.1722d requires redetermination of the student's disability with exceptions for certain medical conditions.

<sup>4</sup>If no additional data or evaluation is needed, indicate "None."

### Parent Consent

As the parent, I have received a copy of the Procedural Safeguards and understand that I may request a comprehensive evaluation related to the disability of my child, and

- ☐ I **consent** to the proposed evaluation
- ☐ I **do not consent** to the proposed evaluation
- ☐ I **disagree** with the evaluation review team's decision that no additional data is needed to determine whether my child continues to be a child with a disability. I request an assessment to determine whether my child continues to be a child with a disability.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parent Contact

Professional personnel contacted parents to arrange participation in the evaluation review.

Method of contact: \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_

If the parent could not be reached to arrange participation, an additional contact(s) was made.

Method of contact: \_\_\_\_\_ By \_\_\_\_\_ Date \_\_\_\_\_ Result \_\_\_\_\_